P15000090869

(Red	questor's Name)	
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TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ANTRA & KRISH	NA INC			
DOCUMENT NUM	BER: P15000090869	·			
	s of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	SONAL M PATEL				
		Name of Contact Persor	1		
	ANTRA & KRISHNA INC	rane or contact com	•		
		Firm/ Company			
	Firm/ Company 1310 N JOHN YOUNG PKWY				
		Address			
KISSIMMEE , FLORIDA , 34741					
	City/ State and Zip Code				
	MC(NED22010VAU/20000	•			
	MSONU2301@YAHOO.CO	M sed for future annual report			
For Godharia Comme		·	nonnearon,		
ror further information	on concerning this matter, pleas	se can:		202 SE	
SONAL M PATEL		407	de & Daytime Telephone Number	고요 별	
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:	50 C P	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	SECRETARY OF STATE SECRETARY OF STATE	
An Div P.C	niting Address nendment Section vision of Corporations D. Box 6327 llahassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ANTRA & KRISHNA INC

ANTRA & KRISHNA INC	
(<u>Name of Corpo</u>	ration as currently filed with the Florida Dept. of State)
P15000090869	<u> </u>
(Do	cument Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of th	e corporation:
	The new
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "I "chartered," "professional association," or the ab	"corporation," "company," or "incorporated" or the abbreviation "Corp.," inc," or "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applies (Principal office address MUST BE A STREET A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	POV.
(Mauing address MAT BE A POST OFFICE	<u>80x)</u> - 22 22 22 22 22 22 22 22 22 22 22 22 2
D. If amending the registered agent and/or regi	istered office address in Florida, enter the name of the
new registered agent and/or the new register	red office address:
Name of New Registered Agent	PR PR
	(Florida street address)
	m
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered Agent: at. I am familiar with and accept the obligations of the position.
S	ignature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

__ Remove

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V.P	MANISHKUMAR PATEL	2404 FENETRE LANE
Add X Remove			KISSIMMEE FL 34741
2) Change			
Add			
Remove 3) Change	 -		
Add			
Remove			
4) Change			
Add			·// ra
Remove			2023 HAY SECREN
5) Change			
Add			49.
Remove			SET
6) Change			
Add			



amending or adding additional Articles, enter change(s) here: ttach additional sheets, if necessary). (Be specific)		
an amendment provides for an exchange, reclassification, or cancellation of issued shares,	. 6	~3
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	SEC	2823 HAY
(y was appreciate, material confi	OREI	T S
		<u>~</u>
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05/01/2023	
	, if other than the
date this document was signed.	
05/01/2023 Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☑ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder a action was not required.	ection and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment by the shareholders was/were sufficient for approval.	ent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
05/01/2023 Dated	
SignatureSlute\$	
(By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other cappointed fiduciary by that fiduciary)	
SONAL M PATEL	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	

SECRETARY OF STATE TALLAHARSEE, FL